

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561059

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		2			1		
4					1		
5			CON		1		
6	1		1				
7	1		1				
8	1		1				
9	1		1				
10	1		1		1		
11		1		1			
12	1		1				
13		1		1			
14		1		1			
15		1		1			
16		1	1				
17	1		1				
18	1		1				
19	1		1				
20		1		1			
21		1		1			
22	1		1				
23	1		0				
24	1		1				
25							
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48							
49							
50							
TOTAL IND.			11		11		
TOTAL DEP.			12		12		
TOTAL CLAIMS			29		29		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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98							
99							
100							
TOTAL IND.			6		6		
TOTAL DEP.			6		6		
TOTAL CLAIMS			6		6		